Please pe a plus sign (+) inside this box +

PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Personal Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE
ADDRESS
INDICATION FORM

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Direct all correspondence to:								
	Customer Number: 2311			-	Place Customer Number Bar			
	Customer	Number:	2311	1		Here →		
OR	Type Customer Number here							
Request for Customer Number (PTO/SB/125) submitted herewith.								
in the following listed application(s) or patent(s):								
Patent Nu		i i			atent Date		U.S. Filing	
(if appropriate)				appropriate)	Date		
		09/854,492					May 15, 2001	
						(check one)		
Typed or Printed Name	Stanles C. Spooper] [A	pplicant or Patentee	
Printed Name								
Signature	May Moon				[ssignee of record of the entire	
Date	March 16, 2005					3	interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)	
Address of signer:		1100 North Glebe Road, 8 th Floor Arlington, VA 22202				⊠ A	ttorney or Agent of record	
						27,393		
						(Reg. No.)		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

forms are submitted.